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CONSULTANTS TO THE PHARMACEUTICAL AND ALLIED INDUSTRIES

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AMENDMENT TO DOCKET NUMBER 99P-1416/CP1

August 13, 1999

OVERNIGHT DOCUMENT 8/13/99

Dockets Management Branch
Food and Drug Administration (HFA-305)
12420 Parklawn Drive (Room 1-23)
Rockville, MD 29857

Reference 99P-1416/CP1

Dear Sir or Madam:

The undersigned submits this amendment, in triplicate, to petition number 99P-1416/CP1 filed on May 18, 1999. This amendment provides for a request to waive the pediatric study requirement for a change in dosage form that is the subject of the referenced petition.

Methylphenidate hydrochloride is currently approved for use in children six years and over as well as adults. The proposed dosage form, methylphenidate hydrochloride oral solution, represents a change from a solid oral dosage form that is swallowed as a whole tablet to an easily administered liquid dosage form. An oral solution permits the convenience of individualized dosing and represents an alternative dosage form for both pediatric and adult patients that have difficulty in swallowing or find that an oral solution is a more acceptable means of administration based on their daily environment. Denying the approved pediatric population, as well as adults, an alternative and perhaps more desirable dosage form, actually prevents access to alternate dosage forms for the population that the Pediatric Rule is intended to help.

Methylphenidate hydrochloride is already approved for a significant pediatric subpopulation. This product is labeled with specific indications and directions for use for children six years and older. Therefore, the most significant number of pediatric patients to benefit from this drug product has been clearly established in the approved labeling.

The Federal Food, Drug and Cosmetic Act {section 505(j)(2)(C)} clearly provides a mechanism to make changes to an approved drug product through a suitability petition process. Petitions will be approved provided that clinical studies are not

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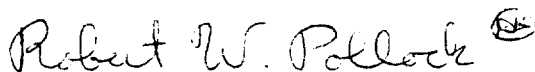
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required to establish the safety or efficacy of the drug product based on the proposed change. Changing from an oral solid tablet to an oral solution is clearly the type of change that is permitted under the statute. No clinical studies are required to establish safety or efficacy of the new dosage form. Further, the reference listed drug product has been established as safe and effective for a significant pediatric population. Denying a petition that requests such a change based solely on the Pediatric Rule, without taking into consideration the circumstances of the change, denies the statutory process provided for the intended application. This statutory provision was established as part of the Drug Price Competition and Patent Restoration Act of 1984 to provide for this exact type of change. Thus, the congressional intent that provided for such changes to be reviewed under an ANDA would be thwarted.

It is understandable that the Agency is seeking to acquire information regarding the use of drug products in various pediatric populations. However, in this case, the product labeling already includes approved uses and dosing instructions for the most significant population of children who might require use of the product, i.e., those age six years and older. In this population, the safety and efficacy have already been well established. These dosing instructions recommend a process of individual dosage adjustments for effect in this pediatric population. The concept of a standardized dosage adjustment for safety or efficacy, which is the usual objective of pediatric studies, is not relevant to this drug. It is recognized, however, that there may be a need to confirm the pharmacokinetic profile of methylphenidate in this population. Should the Agency determine that a waiver of pediatric study requirements cannot be granted, our client will commit to performing pharmacokinetic studies in the appropriate pediatric populations when it files its ANDA, along with standard demonstration of bioequivalence in adult subjects. Our client is committed to providing the FDA with information that the Agency considers to be needed for ANDA approval.

Respectfully submitted,



Robert W. Pollock
Vice President

RWP/db

cc: L. Lachman

14P9225

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